



# **2022 IHCP Works Seminar Provider Enrollment**

**Presented By: LeAnne Ramsey**

*Providing health coverage to Indiana families since 1994*

# Agenda

- About MDwise
- Enrollment Process
- Process Summary
- Credentialing
- Post Enrollment
- Key Take Aways
- Contact Information
- Questions

# About MDwise

## Our Mission

To enhance client satisfaction and lower total health care costs by improving the health status of members through the most efficient provision of quality health care services.

- MDwise is local and Indiana's only non-profit, provider-sponsored health plan
- Owned by McLaren Health Care Corporation, a provider-owned, not-for-profit integrated health system with multi-state experience committed to better serving Hoosier families
- MDwise administers Medicaid and Medicare programs throughout Indiana to ensure all families receive high-quality and affordable health care
- MDwise has a large network of doctors, specialists and hospitals throughout Indiana



# MDwise Enrollment Process

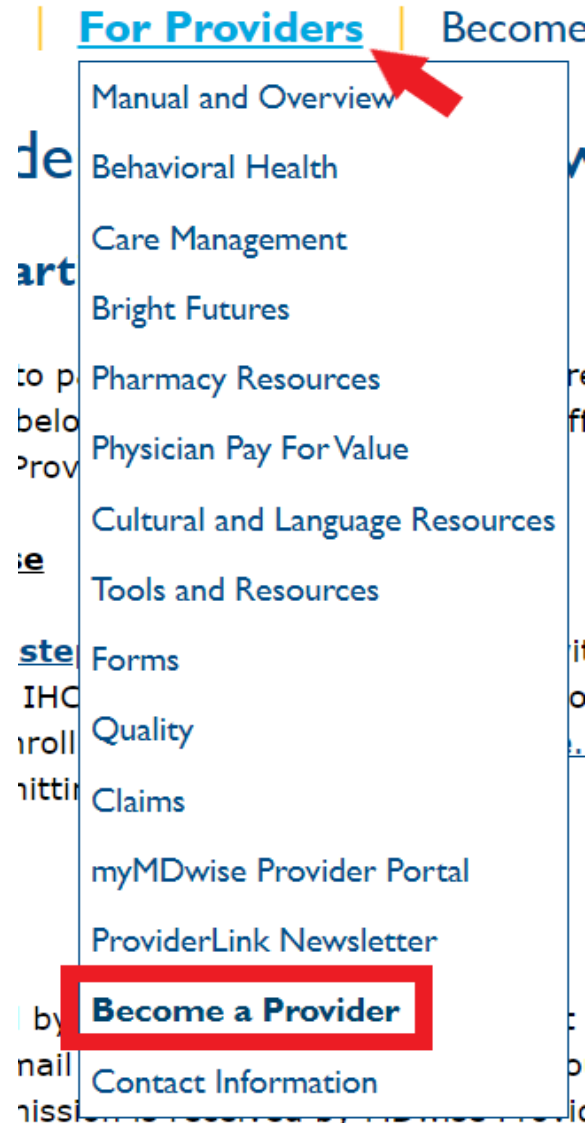
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# Enrollment Process

Before starting the MDwise Provider Enrollment Process, interested practitioners and providers must:

1. Be enrolled with IHCP – [Indiana Medicaid: Providers: Provider Enrollment](#)
2. Complete the [CAQH Proview online application](#) with digital signature and a recent attestation/signature date
3. “*Authorize MDwise*” at the end of the CAQH Proview application for MDwise to receive the information stored

# Enrollment Process



Once enrolled with IHCP, enroll with MDwise.

- Visit [MDwise.org](https://MDwise.org)
- Under **For Providers**, select [Become a Provider](#)

# Enrollment Process

**Step by step instructions on how to enroll can be found on our website [Become a Provider - MDwise Inc.](#)**

## Become a Provider & Provider Network Participation

### Provider Network Participation

Thank you for your interest to participate in our network. Before proceeding, please review the "How to enroll with MDwise" section below. The How to Enroll section offers information for providers interested in participating in the MDwise Provider Network.

#### **How to Enroll with MDwise**

Please refer to the [step-by-step instructions](#) to assist you with enrolling in the MDwise network. Once you complete the applicable INCP MCE Enrollment forms and compile the required documents, submit them either to MDwise Provider Enrollment at [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org), or via fax at 317-822-7310. Providers also have the option of submitting paper request via mail to:

MDwise Provider Enrollment  
PO Box 441423  
Indianapolis, IN 46244

If the submission is received by MDwise Provider Enrollment at [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org), the submitter will receive an automated email acknowledgment within one hour of submission with the submission tracking number. If the submission is received by MDwise Provider Enrollment via fax or mail, each submission is still assigned a tracking number that will be faxed or mailed back within five (5) business days of receipt.



# Enrollment Process

## Become a Provider & Provider Network Participation

### Provider Network Participation

Thank you for your interest to participate in our network. Before proceeding, please review the "How to enroll with MDwise" section below. The How to Enroll section offers information for providers interested in participating in the MDwise Provider Network.

#### How to Enroll with MDwise

Please refer to the [step-by-step instructions](#) to assist you with enrolling in the MDwise network. Once you complete the applicable IHCP MCE Enrollment forms and compile the required documents, submit them either to MDwise Provider Enrollment at [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org), or via fax at 317-822-7310. Providers also have the option of submitting paper request via mail to:

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Your provider type and specialty will determine the appropriate documents to complete and the specific instructions for completing them. Please refer to the **MDwise Provider Participation Requirements and Documentation Requirements Table** within the [step-by-step instructions](#) to identify the appropriate documents you must submit. In addition, all eligible provider types and specialties must be actively enrolled with the Indiana Health Coverage Programs (IHCP) and linked to the requested service location prior to submitting a network participation request to MDwise.

Once all applicable documents are submitted, MDwise will validate that the received information is complete. If an incomplete submission is identified, you will be notified within five (5) business days after receipt of initial request that an incomplete Provider Network Participation Request was received.

#### **Provider Network Participation Forms**

[IHCP MCE Practitioner Enrollment Form](#)

[IHCP MCE Hospital/Ancillary Provider Enrollment Form](#)

[IHCP Provider Ownership and Managing Individual Maintenance Form](#)

Links to enrollment forms can be found at the bottom of the MDwise [Become a Provider](#) page.



# Enrollment Process

Provide/Complete all supporting documents.

This includes but is not limited to:

- Completed IHCP MCE Enrollment form
- Collaborative/Supervisory Agreement
- Completed CAQH application
- W-9 (signed within last 12 months)
- Licenses
- Medicare/Medicaid certification letters
- Professional Liability Coverage

For a complete list please visit our website [here](#).

**NOTE:** When enrolling a Primary Medical Provider, we need panel size and age restrictions. Requirements may vary by provider type.

# Enrollment Process

**Submit fully completed Provider Network Participation forms and all supporting documents via email to [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org).**

**Or send via fax to 317-822-7310**

**If email or fax is not available, mail the documents to:**

MDwise Provider Enrollment  
PO Box 441423  
Indianapolis, IN 46244-1423

To receive a paper enrollment form, call Provider Relations Enrollment Team at 317-822-7300 ext. 5800.

**NOTE:** All required documentation must be submitted together

# Enrollment Process

**If submitted via email, the submitter will receive an automated acknowledgement and ticket number within 5 business days of submission.**

Once received, the MDwise Provider Enrollment Team reviews the documents for completion.

**NOTE:** If forms are incomplete or documentation is missing, provider will receive a “Ceased Processing” email with the reason and any suggestions for a potential resolution.

# Enrollment Process

When all required documents have been received and completed, credentialing begins, and a contract/agreement is sent to provider for review and signing.

Once the contract/agreement is signed, all pages must be returned to the MDwise Provider Enrollment Team.

Credentialing must occur **before** a contract is accepted and signed by MDwise.

# Enrollment Process

After credentialing approval, provider will receive an executed MDwise contract/agreement and MDwise Network Participation Welcome Letter with the effective date according to the [MDwise Network Effective Date Policy](#).

Welcome Letter will be sent within 5 business days of the network participation process completion.

**WELCOME!**

# Enrollment Process

## Effective Date Policy Extract

Providers will be effective with MDwise either on the first of the month following the receipt of a complete network participation request or the first of the month following the contract execution for brand new providers, per the additional guidance below:

- **Newly Contracted Providers:** Once MDwise has received the complete network participation request electronically via online portal, email post mail, or fax and all required fields, supporting documentation provided and signed, the effective date will be the first of the month following the contract execution.
- **Adding to Existing Contract:** A provider that is being added to an existing contract will be effective the first of the month following receipt of a complete network participation request from the provider.

**NOTE:** The effective date policy does NOT affect delegated provider arrangements. For the full policy visit our website [here](#).

# Enrollment Process

## Exceptions to Effective Date

### **MDwise may allow for retroactive effective dates if:**

- It is in the best interest of member care
- There is a change of ownership
- There is a pre-existing contractual relationship with MDwise

**Effective dates may NOT be prior to date enrolled with IHCP.**

**Note:** To discuss your IHCP enrollment date, please contact your Gainwell Provider Relations Representative [Indiana Medicaid: Providers: Provider Relations Consultants](#)





# Enrollment Process Summary

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# Enrollment Process Summary

## **MDwise conducts several validation steps**

- Verify provider is enrolled and active with IHCP.
- Verify that the provider is not already contracted with MDwise.
- Verify all required documents were included with contract inquiry submission.

**If all documents are not completed and received, provider will receive a “Ceased Processing” email with the reason and any suggestions for a potential resolution.**

- **Example:** MDwise unfortunately did not receive all required forms necessary to process your application. Please resubmit and make sure to include a completed W-9.

# Enrollment Process Summary

**All forms must be complete in order to process the enrollment.**

**Forms are available at [www.mdwise.org/for-providers/forms/provider-enrollment](http://www.mdwise.org/for-providers/forms/provider-enrollment)**

**For PMPs, the following fields must be complete to avoid enrollment issues:**

- Panel size
- Age Restrictions
- Delivery/Relationship Privileges
- Confirmation of membership assignment to a location

**All enrollment requests must include a W-9 and certificate of current Professional Liability coverage.**

- If requesting enrollment as a Hospital/Ancillary provider, additional documents may be required.

# Enrollment Process Summary

## Common barriers to becoming network provider:

- Not registering the providers location with IHCP prior to sending
- Not completing required forms
- Not completing all required fields on the forms
- Unsigned forms
- W-9 not signed and dated within the last 12 months
- Invalid state medical license or inappropriate professional license
- Missing explanation for work history gaps greater than six months
- Omission to disclose sanctions information on the CAQH enrollment form



# Credentialing

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# Credentialing Process

## What do we need from you?

- Simultaneous to sending the enrollment forms to us, direct all rostered practitioners to register, update, or attest on the [Council for Affordable Quality Healthcare \(CAQH\) Proview site](#)

## CAQH Pro-Tips:

- Pay attention to the 3 C's – *Current, Complete, Correct*
- Set MDwise as Authorized
- If you have questions about the CAQH application, contact CAQH by calling 1-888-599-1771

# Credentialing Process

## What can you expect from the Credentialing team?

- Review of all practitioner and provider qualifications, as appropriate
- Approval of all **Complete and Clean** applications within 30 calendar days of receipt
  - **Complete** is an accurate, up-to-date CAQH application along with all required forms.
  - **Clean** is no adverse findings on any sanction, exclusion, malpractice, or other check.
- If we discover any adverse findings, we will inform you and ask you to respond.
- A panel of your peers will make one of the following determinations  
Approved, Conditionally Approved, and Denied/Terminated



# After Credentialing

## Ongoing monitoring

- Occurs within the 36-month Credentialing Cycle.
- Monitoring for new Medicare and Medicaid sanctions, limitations on licensure, complaints, adverse events, and instances of poor-quality regarding care, service and safety.

## Re-credentialing

- Every 36 months
- Same criteria as initial credentialing plus:
  - Member complaints
  - Quality reviews
  - Member satisfaction
  - Medical record review
  - Practice site reviews

# Who Needs Credentialed?

## **MDwise is required to credential the following providers:**

- Licensed independent medical and behavioral health practitioners or groups of practitioners (including non-physician practitioners) who are contracted with and have an independent relationship with MDwise and provide care for MDwise members.
- Practitioners who see members outside the inpatient hospital setting or outside freestanding ambulatory or facility-based settings.
- Oral surgeons who provide care under the medical benefit.
- Nonphysician practitioners who have an independent relationship with MDwise and who provide care under the medical or behavioral health benefit (e.g., nurse practitioners, clinical nurse specialists, and physician assistants).



# Post Enrollment

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# Post Enrollment

## What is Post Enrollment?

This could be a provider update such as:

- Enrollment in a new program (Hoosier Healthwise or HIP)
- Provider name change
- Age restrictions
- Add a location or term a location
- Tax ID change or address change
  - Requires a new WV-9

## Pro Tips:

- Make sure that all information to be changed is updated with IHCP.
- Be sure to include an effective date for the update.
- Submit ALL updates to [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org).

# Provider Updates – Universal Update Form

[IHCP-MCE-Practitioner-Enrollment-Form.pdf.aspx \(mdwise.org\)](http://IHCP-MCE-Practitioner-Enrollment-Form.pdf.aspx (mdwise.org))

**IHCP MCE PRACTITIONER ENROLLMENT FORM**

This form is used to enroll participating practitioners with any of the Indiana Health Coverage Programs (IHCP) managed care entity (MCE)

Please select the programs for which this form applies:

☐ Healthy Indiana Plan (HIP) ☐ Hoosier Healthwise ☐ Hoosier Care Connect

Please indicate if this is a new enrollment or an enrollment update: ☐ New enrollment ☐ Update (fill out updated information ONLY)

If an update, please explain what is being updated:

## IHCP MCE PRACTITIONER ENROLLMENT FORM

This form is used to enroll participating practitioners with any of the Indiana Health Coverage Programs (IHCP) managed care entity (MCE)

Please select the programs for which this form applies:

☐ Healthy Indiana Plan (HIP) ☐ Hoosier Healthwise ☐ Hoosier Care Connect

Please indicate if this is a new enrollment or an enrollment update: ☐ New enrollment ☐ Update (fill out updated information ONLY)

If an update, please explain what is being updated:

## PRACTITIONER DATA

The Indiana Committee for Quality Health Care requires participating providers to provide the following information:

Ethnicity: ☐ Asian ☐ African American/Black ☐ Caucasian/White ☐ Hispanic/Latino ☐ Native American

☐ Pacific Islander ☐ Other (please specify)

Practitioner Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Maximum membership (panel size) accepted (PMPs only): ☐ Hoosier Healthwise ☐ HIP ☐ Hoosier Care Connect

Scope of Practice (O BQYN PMPs only)

All Women (O BQYN) ☐ Yes ☐ No

(Note: All Women indicates services exclusive to pregnant and nonpregnant members; Family Practitioners cannot select this category)

O B only (O BQYN) ☐ Yes ☐ No

O B (Family Practitioners) ☐ Yes ☐ No

Age Restrictions (PMPs only) – Check one

☐ None – Internal Medicine S.O.B.QYN Practitioners cannot select this category; only Family Practitioners and General Practitioners can select this category

☐ 0 – 3 years – Internal Medicine S.O.B.QYN Practitioners cannot select this category

☐ 0 – 12 years – Internal Medicine S.O.B.QYN Practitioners cannot select this category

☐ 0 – 17 years – Internal Medicine S.O.B.QYN Practitioners cannot select this category

☐ 0 – 20 years – Internal Medicine S.O.B.QYN Practitioners cannot select this category

☐ 0 – 25 years – Internal Medicine S.O.B.QYN Practitioners cannot select this category

☐ 0 – 30 years – Internal Medicine S.O.B.QYN Practitioners cannot select this category

☐ 30+ years

☐ 10 – 17 years ☐ 18 – 20 years ☐ 17+ years ☐ 21+ years ☐ 66+ years

# Post Enrollment

**When making PMP updates, please use the [MDwise Provider Panel Update Form](#).**

## **PMP updates generally include:**

- Change panel size limit
- Place Panel on Hold
  - A panel hold allows members with a history with the PMP or with a family member already on the panel to be added.
- Remove a Panel Hold
- Disenroll/Re-enroll/Terminate

# Post Enrollment



## MDwise Provider Panel Update Form

Completed forms should be submitted to  
prenrollment@mdwise.org

## MDwise Panel Update Form

### REQUEST:

- ☐ Update Panel Size/Phone Number
- ☐ Hold Panel
- ☐ Close Panel
- ☐ Disenroll/Re-enroll/Termination

### PRODUCT LINE: (please check all that apply)

- ☐ MDwise Excel Hoosier Healthwise
- ☐ MDwise Excel Healthy Indiana Plan (HIP)

REQUEST EFFECTIVE DATE: \_\_\_\_\_ (Please allow 15 days to process)

Provider Information		
Group/Provider Name		
Group NPI:		
Provider NPI:		
Group LPI and Alpha Suffix:		
Provider LPI:		
Provider Specialty		
<input type="checkbox"/> Family Practitioner	<input type="checkbox"/> Pediatrician	<input type="checkbox"/> OB/GYN
<input type="checkbox"/> General Practice	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Nurse Practitioner
Update Information		
*Minimum panel: Hoosier Healthwise 150, Healthy Indiana Plan 25		
Current Panel Limit:		
Requested Panel Limit:		
Current Panel Status:	<input type="checkbox"/> Open	<input type="checkbox"/> Hold
Requested Panel Status:	<input type="checkbox"/> Open	<input type="checkbox"/> Hold
Phone Number Update:		
Disenrollment and Re-enrollment		
Disenroll from LPI and Alpha:		
Tax ID:		
Re-enroll to LPI and Alpha:		
Tax ID:		



# Post Enrollment

To disenroll a PMP, use the [MDwise Provider Panel Update Form](#)

PMPs must follow disenrollment procedures as outlined in their provider agreement and/or the MDwise Provider Manual.

## PMP Disenrollment Process:

- Complete the provider disenrollment form in its entirety
- Designate where the PMPs panel should be moved

Disenroll/Termination			
Move Members to (Provider Name):			
Provider NPI:		Group LPI and Alpha:	
Reason:			
Move Members to (Provider Name):			
Provider NPI:		Group LPI and Alpha:	
Reason:			

# Key Take-Aways

- Make sure all documentation is complete
- CAQH application must be up to date
- Include your current contact information
- Allow proper timelines before inquiring about a ticket
- Use the [MDwise Provider Panel Update Form](#) for PMP updates and the [IHCP Universal Form](#) for all other updates
- Submit fully completed Provider Network Participation forms and all supporting documents **together**, via email to [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org)
- Feel free to call your Provider Relations Enrollment team with any inquiry requests at 317-822-7300 ext. 5800.



# MDwise Highlights

**Our Enrollment team is working hard to ensure providers are getting enrolled in a timely manner.**

Average Turnaround Times (2022 Quarter 2)

- **17** days for brand new providers
- **9.5** days to add providers to existing contracts

# Provider Resources

## **Provider Relations Enrollment**

- Phone: 317-822-7300 ext. 5800
- Email: [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org)

## **MDwise Quick Contact Information**

[Contact Information - MDwise Inc.](#)

## **Frequently Asked Questions**

[Frequently Asked Questions \(FAQ\) - MDwise Inc.](#)

## **MDwise Provider Customer Service Unit (PCSU)**

1-833-654-9192

# MDwise Provider Relations Team

## Region 1

**Robert Tanna**

[rtanna@mdwise.org](mailto:rtanna@mdwise.org)

317-407-5910

## Region 2

**Amy Kerr**

[akerr@mdwise.org](mailto:akerr@mdwise.org)

317-741-4352

## Region 3

**Lauryn Gooch**

[lgooch@mdwise.org](mailto:lgooch@mdwise.org)

317-460-3419

## Region 4

**Joy Diarra**

[jdiarra@mdwise.org](mailto:jdiarra@mdwise.org)

317-619-5622

## Region 5

**LeAnne Ramsey**

[lr Ramsey@mdwise.org](mailto:lr Ramsey@mdwise.org)

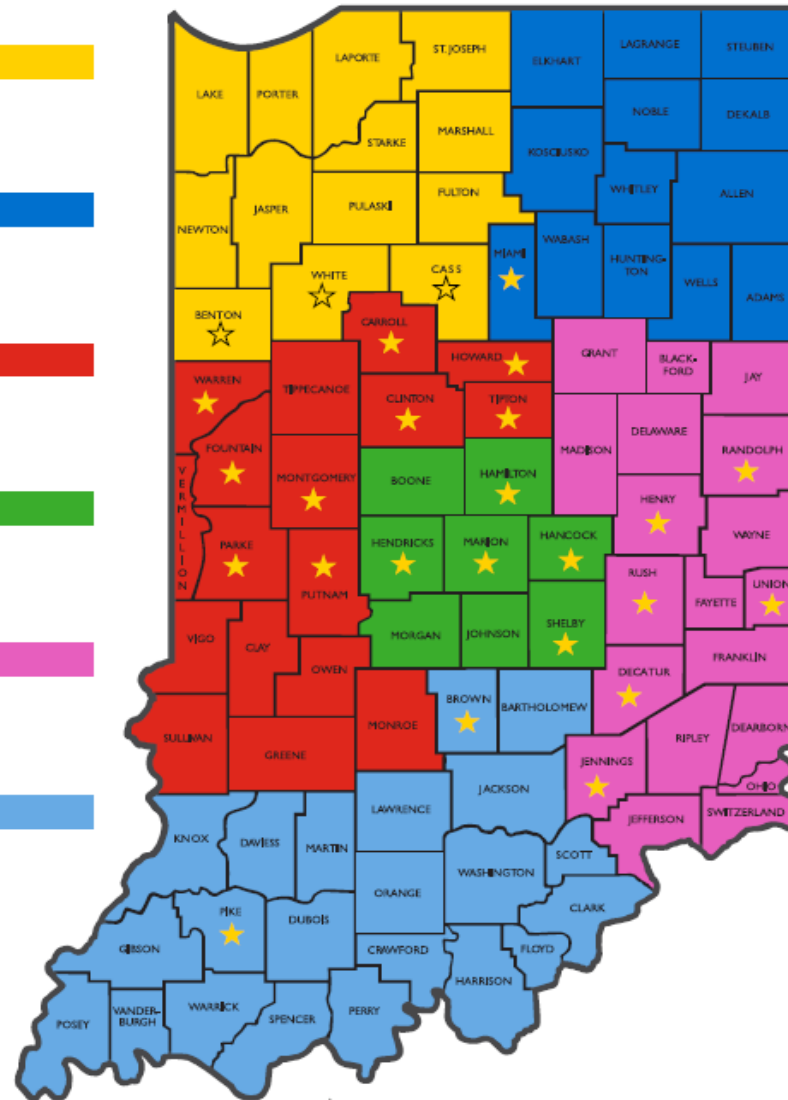
317-460-4697

## Region 6

**Chris Bryant**

[cbryant@mdwise.org](mailto:cbryant@mdwise.org)

317-517-4776



★ = MDwise Medicare Advantage Plan Available

Click [here](#) to find our map online.

# MDwise Provider Relations Team

## PROVIDER GROUP REPRESENTATIVES

### **Tonya Trout**

[ttrout@mdwise.org](mailto:ttrout@mdwise.org)

317-766-0505

### **Provider Groups**

Ascension St. Vincent

Franciscan Alliance

Beacon

Union

Parkview

Home Health and Hospice

Skilled Nursing Facilities (SNFs)

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### **LaToya Robertson**

[lrobertson@mdwise.org](mailto:lrobertson@mdwise.org)

317-552-8420

### **Provider Groups**

Federally Qualified Health Centers (FQHCs)

Rural Health Center (RHCs)

Community Mental Health Centers (CMHCs)

Eskenazi Health

## PROVIDER RELATIONS LEADERSHIP

### **Josh Burger**

Director of Provider Relations

[jburger@mdwise.org](mailto:jburger@mdwise.org)

317-460-4510

### **LaKisha Browder**

Manager Provider Relations

[lbrowder@mdwise.org](mailto:lbrowder@mdwise.org)

317-822-7298

# Thank you!



# QUESTIONS?

